FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P97000056266 (4) I.J. CHRISTEN & I.R. PRIMARY CARE ASSOCIATES, IN Principal Place of Business Mailing Address 10641 SW 37TH PLACE 10841 SW 37TH PLACE DAVIE FL 33328 DAVIE FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1997 4. FEI Number 65-076198 2. Principal Place of Business 2s. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & Stato City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution 23 Added to Fees Žφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHRISTEN, IVORY JOE 10641 SW 37TH PLACE Street Address (P.O. Box Number is Not Acceptable) 82 **DAVIE FL 33328** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent arm families with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature by only the output for output agent and little diagnostable.

(NOTE: Registered Agent signature required when reinstation) e of regestered agent and little it apple able 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO RS AND DIRECTORS IN 12 Chairman of the BourD DELETE Change Addition 1.1 TITUE THEF 1.2 NAME NAME STREET ADORESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition TILLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP y 1- HirDA 33328 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition 1111 F 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ■ Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 4.4 CITY - ST - ZIP Addition DELETE THIE 51 TITLE NAME 5.2 NAME

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-2IP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - Z#

THUE

NAME

DELETE

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☐ Addition